DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WOODLAND MANOR (0009403)

Address: 851 FOND DU LAC AVE, SHEBOYGAN FALLS, WI 53085

License Status: REGULAR

Licensed/Certified/Registered 03/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095122 End Date: 06/15/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092641 End Date: 05/13/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006968 Served 06/01/2004

<u>Deficiencies Cited</u> <u>Subject Area</u> <u>Corrected</u> <u>Verified</u> <u>Corrected</u>

83.43(3)(b)1 TESTING BY SERVICE COMPANY 06/15/2005 Yes

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Complaint History			
Date Complaint Received: 04/29/2005	Date Investigation Completed: 06/15/2005		
Subject Area(s) MEDICATIONS	Result NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 12/05/2003	Date Investigation Completed: 05/24/2004		
Subject Area(s) RESIDENT BEHAVIOR/FACILITY PRACTICE	Result NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 10/02/2003	Date Investigation Completed: 05/24/2004		
Subject Area(s) PROGRAM SERVICES	Result NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 08/15/2003	Date Investigation Completed: 05/24/2004		
Subject Area(s) RESIDENT RIGHTS PHYSICAL PLANTS & SAFETY HAZARDS HOMELIKE ENVIRONMENT & CLEANLINESS NUTRITION & FOOD SERVICES MEDICATIONS STAFF TRAINING AND PROFICIENCY PROGRAM SERVICES	Result NOT SUBSTANTIATED	SOD#	
Date Complaint Received: 08/13/2003	Date Investigation Completed: 02/11/2004		
Subject Area(s) ABUSE	Result NOT SUBSTANTIATED	SOD#	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Date Complaint Received: 08/04/2003 Date Investigation Completed: 05/24/2004

Subject Area(s) Result SOD #

RESIDENT RIGHTS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
PROGRAM SERVICES
QUALITY OF LIFE
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED